

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 28, 2003 8:00 A.M.
Secretary of State

DOCUMENT # **P99000031428**

1. Corporation Name

FLORIDA REFRACTIVE ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

1510 N WESTSHORE BLVD.
TAMPA FL 33607

1510 N WESTSHORE BLVD.
TAMPA FL 33607

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1999

5. FEI Number

59-3567633

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

PVSD

SHRIVER, PETER A

106 MASTERS LANE

SAFETY HARBOR FL 34695

900024253629
10/29/03--01053--025 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GASSMAN, ALAN S ESQ
1245 COURT STREET SUITE 102
CLEARWATER FL 33756

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Peter A. Shriver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/03 (813) 685-2737

CR2E040 (7/03)

Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations

Re: Application for Reinstatement

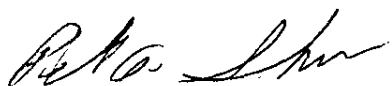
To whom this may concern:

The Uniform Business Report was received for our corporation Ophthalmology Services and proper filing was completed back in March 2003. We acknowledge that we did not receive the Uniform Business Report for our other corporation Florida Refractive Associates. These two corporations have the same address listed.

Enclosed is the completed reinstatement application, and appropriate fees.

Thank you for your time.

Sincerely,



Dr. Peter A. Shriver
President Florida Refractive Associates
Ophthalmology Services